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TO:
ATTN:
Commissioner for Patents
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FROM:
Jill Denesvich, Reg. No. 52,810

COMPANY:
MEDRAD, Inc.

DATE:
JULY 2, 2007

FAX NUMBER:
571-273-8300

TOTAL NO. OF PAGES INCLUDING COVER:

18

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:
VI/99-022.D2

RE:
US Patent Application 10/619,137
Confirmation No.: 6063

YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE


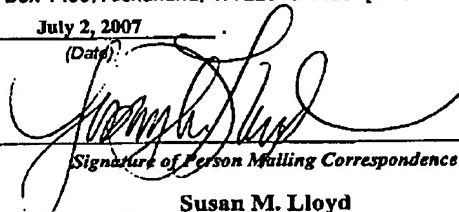
NOTES/COMMENTS:

Response to Office Action dated March 19, 2007 including Amendment Transmittal Letter, Petition for One (1) Month Extension of Time including fees.

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Indianola, PA 15051-0780
United States of America

JUL 02 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. VI/99-022.D2	
Applicant(s): David M. Reilly					
Application No. 10/619,137	Filing Date July 14, 2003	Examiner MACNEILL, Elizabeth	Customer No. 21140	Group Art Unit 3767	Confirmation No. 6063
Invention: INJECTOR SYSTEM INCLUDING AN INJECTOR DRIVE MEMBER THAT AUTOMATICALLY ADVANCES AND ENGAGES A SYRINGE PLUNGER					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28	20	8	x \$50.00	\$400.00
INDEP. CLAIMS	5	3	2	x \$200.00	\$400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$800.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 13-2530 in the amount of \$800.00 <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 13-2530 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature Jill Denegvich, Reg. No. 52,810 MEDRAD, Inc. One Medrad Drive Indianola, PA 15051			Dated: July 2, 2007 <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on July 2, 2007 (Date)  Signature of Person Mailing Correspondence Susan M. Lloyd Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					

P11LARGE/REV09